

Case Number:	CM14-0131740		
Date Assigned:	08/20/2014	Date of Injury:	07/01/2012
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female who reported injury on 07/01/2012. The mechanism of injury was repetitive work. Prior treatments included acupuncture. The medications, surgical history and diagnostic studies were not provided. The visit of 05/12/2014 revealed the injured worker had acupuncture treatment and had paresthesia in the left wrist. The objective findings revealed residual paresthesias in the left wrist and tenderness and tightness of the cervical spine. The Phalen's test was positive and the ulnar symptoms were present with elbow flexion. The diagnoses included carpal tunnel symptoms and complaints, ulnar nerve compression, and cervical strain with herniated disc. The treatment plan included an MRI of the cervical spine, acupuncture, and medications. The specific medications were not provided for review. The most recent documentation was dated 06/25/2014 and was of poor fax quality and, as such; no information could be obtained from the visit. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electrodes (18 pairs) for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service for an Interferential Unit is not supported, this associated service for Electrodes is also not supported.

Interferential unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to provide a documented rationale for the requested intervention. The request as submitted indicated the unit was for purchase. However, there was a lack of legible documentation to include objective functional benefit and an objective decrease from a trial of the unit. There was a lack of legible documentation indicating the unit would be used as an adjunct therapy. Given the above, the request for Interferential unit for purchase is not medically necessary.